CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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PHILIP K. GILMAN, M. D.....President-Elect
E. VINCENT ASKEY, M. D.....Speaker
PHILIP K. GILMAN, M. D.....**Council Chairman**
JOHN W. CLINE, M. D..**Chairman, Executive Committee**
GEORGE H. KRESS, M.D..**Secretary-Treasurer and Editor**
JOHN HUNTON.....Executive Secretary

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† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

SPECIAL MEETING: C.M.A. HOUSE OF DELEGATES

Important. Attention of C.M.A. Members Is Called to Stiff Paper Red Ink Insert, Opposite Page 280 (Original Article Section).

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the One Hundred Eighty-fifth (185th) Meeting of the Executive Committee of the California Medical Association

An informal meeting of members of the C.M.A. Executive Committee resident in San Francisco, was held in San Francisco, on Monday, October 9, 1944, at 6:00 P.M.

By mail vote, the minutes which follow, and the actions taken, were approved by all members of the Executive Committee.

1. Roll Call:

Present: Drs. John W. Cline, Chairman; Philip K. Gilman, Council Chairman; Karl L. Schaupp, Past-President; and George H. Kress, Secretary-Treasurer.

Present by Invitation: Councilor Lloyd E. Kindall of Oakland.

2. Proposed Alameda County Letter Regarding C.P.S.:

The purpose of the informal conference was to consider a letter of October 3, 1944, addressed to the Committee by Councilor Kindall, the same relating to an enclosure that was a preliminary and confidential draft of a letter concerning California Physicians' Service, in preparation by a limited number of members of the Alameda County Medical Association, the said letter to be mailed to all members of the California Medical Association.

Councilor Kindall stated that when the proposed letter came to his attention, he felt it was his obligation as a Councilor of the California Medical Association to call the same to the attention of the C.M.A. Executive Committee.

The nature of the letter and its possible effect concerning capacity of service by California Physicians' Service, were then considered in informal discussions.

Councilor Kindall stated he did not know how many signatures would be attached thereto, but he was under the impression there would be ten or more names.

The question was asked whether it would not be possible to have the group who were proposing to send out the letter appoint a sub-group that could meet with the San Francisco members of the C.M.A. Executive Committee to talk over the issues involved in an informal, round-table dinner conference, in hope of clearing up some of the issues upon which criticism was made. . . .

3. Woman's Auxiliary Publication, "The Courier":

Secretary Kress presented a letter dated September 23, 1944, received from Mrs. Ralph Eusden, President of the C.M.A. Woman's Auxiliary. Request was made therein

that the C.M.A. match the budget of the Woman's Auxiliary to make possible a larger edition of the Auxiliary publication, *"The Courier."*

This request was made because lack of space in CALIFORNIA AND WESTERN MEDICINE had made it impossible to continue publication of a Woman's Auxiliary department in CALIFORNIA AND WESTERN MEDICINE.

Secretary Kress stated that Executive Secretary Hunton calculated the cost of a page in CALIFORNIA AND WESTERN MEDICINE to be about $30.00 and that the Woman's Auxiliary had averaged one or two pages per issue in CALIFORNIA AND WESTERN MEDICINE, or $360.00 to $720.00 per year.

The request of Mrs. Eusden was that the C.M.A. match from C.M.A. funds, the Woman's Auxiliary budget of $375.00 for the publication of "The Courier," to permit a larger and more frequent publication. The San Francisco members of the Executive Committee felt this would be a proper procedure because the Woman's Auxiliary is no longer receiving space in CALIFORNIA AND WESTERN MEDICINE, and it was agreed that this recommendation should be made to the other members of the C.M.A. Executive Committee.

JOHN W. CLINE, M.D., *Chairman,*
GEORGE H. KRESS, M.D., *Secretary.*

Minutes of the One Hundred Eighty-sixth (186th) Meeting of the Executive Committee of the California Medical Association

An informal meeting of members of the C.M.A. Executive Committee resident in San Francisco, was held in San Francisco on Thursday, November 2, 1944, at 12:00 o'clock noon. These minutes were approved by mail vote.

1. **Roll Call:**

Present: Drs. John W. Cline, Chairman; Philip K. Gilman, Council Chairman; Karl L. Schaupp, Past-President; and George H. Kress, Secretary-Treasurer.

Present by Invitation: Dr. T. Henshaw Kelly; Mr. John Hunton; Hartley F. Peart, Esq. and Howard Hassard, Esq.

2. **Letter which 21 members of the Alameda County Medical Society submitted for publication in "California and Western Medicine" containing statement in which they said they intended to send to all members of the California Medical Association.***

A letter dated October 17, 1944, sent to the Editor of CALIFORNIA AND WESTERN MEDICINE, by Dr. Sidney N. Parkinson of Oakland, with enclosure of a statement containing criticisms of California Physicians' Service by some 21 members of the Alameda County Medical Society was considered.

The statement referred to above had been previously submitted to members of the Council of the California Medical Association under date of October 23, 1944, by Council Chairman Gilman, whose attention had been called thereto by Councilor Lloyd Kindall. Chairman Gilman requested Councilors to submit suggestions in regard to future steps in procedure.

The Alameda statement was discussed from different angles. The San Francisco members of the Executive Committee agreed to recommend to the full membership of the Executive Committee as follows:

1. That the statement submitted by Dr. Parkinson on behalf of 21 members of the Alameda County Medical Society concerning C.P.S. be printed in the December issue of CALIFORNIA AND WESTERN MEDICINE, it being too late for appearance in the November issue because that number was in press.

2. That the Council at its meeting on December 3rd consider formulation of a draft in reply to the criticisms made by the 21 members of the Alameda County Medical Society, for possible appearance in CALIFORNIA AND WESTERN MEDICINE.

3. It was also voted that a special committee consisting of Legal Counselors Peart and Hassard, Executive Secretary Hunton and Secretary-Editor Kress be instructed to prepare drafts of replies, the same to be submitted to the Chairman of the C.M.A. Executive Committee for possible transmittal to members of the C.M.A. Council, for further suggestions as to content, form, etc.

4. Also, this committee to be instructed to draft replies to any new communications or procedures that might arise prior to the meeting of the C.M.A. Council of December 3rd, and to submit same to the Chairman of the Executive Committee for consideration and action.

3. **Adjournment:**

Upon motion made and seconded, it was voted to adjourn.

JOHN W. CLINE, M.D., *Chairman,*
GEORGE H. KRESS, M.D., *Secretary.*

CALIFORNIA PHYSICIANS' SERVICE*

Letters from Alameda County Medical Members; Reply Statement by C.M.A. Executive Committee; and other items in relation to prepayment plans for medical care.

I

Statement by 21 Alameda County Physicians

CALIFORNIA PHYSICIANS' SERVICE*

(Following statement by 21 Alameda County Doctors, was forwarded with request for publication in CALIFORNIA AND WESTERN MEDICINE. *Request was granted by the C.M.A. Executive Committee.)*

As a prelude to specific discussion of California Physicians' Servcie in its relationship to medical practice, it seems well to express a few generalizations. These generalizations probably are acceptable to a large proportion—we believe a majority—of Doctors of Medicine.

1. Freedom of Medicine is worth defending.

2. Freedom of Medicine consists of unimpaired doctor-patient relationship.

3. Medicine is more efficient, scientific, progressive, and economical when conducted as private enterprise.

4. Medicine must be defended from Socialization regardless of sponsor or avowed purpose.

5. Elements seeking Socialization of Medicine are aggressive and persistent. Our proper and effective response is intelligent defense, not apathy or collaboration.

6. The minimal requirement for preservation of Freedom of Medicine is open defense under responsible leadership.

7. Insurance, ably managed, can protect the patient by partial reimbursement without injury to Medicine.

C.P.S. was presented to the doctors of California as a plan to provide medical care for the so-called Low-Income-Group. Analysis revealed sufficient evidence to doubt the wisdom of the plan. Official State figures on income indicated that 91 per cent* of Californians were eligible. This proved that C.P.S. was not designed for any group but for virtually the entire population.

Would C.P.S. prevent State Medicine? There is not the slightest evidence that appeasement schemes discourage Socializers.

Is C.P.S. insurance? When Alameda County urged that C.P.S. be changed to insurance, which would protect the patient but in no way injure Medicine, we were told

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* For editorial, p. 279; other comment follows.

* Commonwealth, May 27, 1941, p. 430.

not only that C.P.S. is not insurance but that insurance was not intended. This is highly significant. Blue Cross and other hospitalization plans are true insurance. Hospital management insisted upon it. Insurance can apply to medical care too, if we insist upon it. Let C.P.S. be changed to insurance. It then would pay a specified sum for a specified service—but pay it to the patient. Let the doctor decide whether the sum is adequate compensation in each case. Nonprofit Insurance, ably managed, is likely of permanent success because it will be confidently patronized. This is evident from the success of the many plans now operated by private enterprise.

It is now perfectly clear that C.P.S. as at present constituted is identical in theory and purpose with Socialistic schemes such as the Children's Bureau Plan, the Wagner Bill, and the Kaiser Health Plan. The essential in all is release of the patient from financial obligation to the doctor. An *agency* controls both cost to patient and fee to doctor and thereby attains influence over both.

The development of C.P.S. coincided with a surge of Leftism throughout California. With a trend toward Conservatism it is possible that pressure for such schemes may subside. But even were we to take the pessimistic view that Socialization is inevitable, yet we ask "Why accept Socialization while we still have the right to reject it?" We can keep Alameda County Medicine free if we will to do so.

Too prominent among the advocates of C.P.S. are doctors least affected by it, particularly doctors on salary at public and private institutions. It is the doctor in everyday practice who must endure the red tape, petty annoyances, chiseling, reduced scientific interest, reduced freedom, and reduced income.

If it be said that Alameda County is almost alone in rejecting C.P.S. and preferring to retain the freedom of private practice, let it not go unsaid that California is almost alone in having a State Medical Association attempt to impose such a scheme on its members.

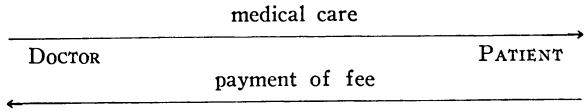
C.P.S. was rejected by Alameda County after investigation and experience sufficient to learn its nature and its workings. But C.M.A. officials continually press us to rescind our action and permit C.P.S. to again take hold in our community. Needless to say, we are determined to keep our County clean. We will continue to reject C.P.S. until its conversion to insurance.

Let those who apologize for American Medicine be the ones to advocate Socialistic schemes. We believe American Medicine to be the most efficient, scientific, progressive, and economical in the world. But even more important—it is private enterprise by free men and women. Let Alameda County retain and defend that of which we are justly proud—traditional, honorable, *private practice.*

Above statement was submitted on October 17, 1944, by Sidney Parkinson, M.D., on behalf of the 21 Alameda County physicians whose names appear below:

Harry Templeton
Forrest Kracaw
Douglas Dickson
Dorothy Allen
Murphy Reeves
Roy Nelson
Dexter Richards
George Reinle
James Harkness
Gertrude Moore
Sidney Parkinson
Theodore Weller
Abilio Reis
Philip Dick
Fletcher Taylor
Charles Hall
O. T. Leftwich
Winfred Hart
Douglas Ream
Norman Leet
William Donald

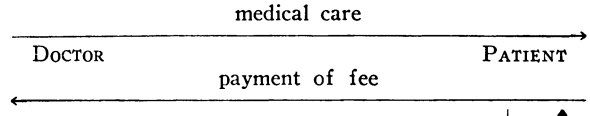
PRIVATE PRACTICE



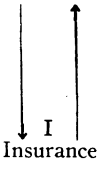
The natural patient-doctor relationship is reciprocal:

Medical care by the doctor—payment of fee by the patient.

PRIVATE PRACTICE PLUS INSURANCE



Insurance does not disturb the natural patient-doctor relationship.
Insurance benefits are paid to the patient.

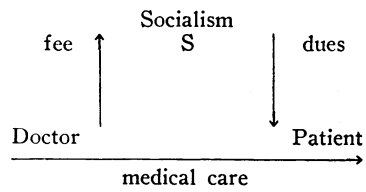


Insurance requires no special panel; it recognizes the entire licensed medical profession.

Insurance Plans Pay the Patient * * * * * * * * Socialistic Plans Pay the Doctor

Children's Bureau
Wagner Act
Calif. Phy's Service
Kaiser Health Plan

These plans have their one *essential* feature in common: complete control of cost to Patient and fee to Doctor. This feature is the *trademark* of *Socialism.* It distinguishes Socialism from Insurance.



Socialistic plans invariably and characteristically usurp the financial transaction. Such plans may differ in all other features, but they never fail to aspire to be Medicine's fiscal agent.

Socialism generously grants free-choice-of-doctor.

What it wants is control of the fee.

Control of the *fee* gives *control* of the *doctor* and of the practice of medicine.

Likewise, organizational control of the dues gives a measure of control over the patient.

Alameda County doctors reject C.P.S. until it is converted from *Socialism* to *Insurance* by the single step of paying the patient instead of the doctor.

II

Statement by 44 Alameda County Physicians

(Following statement was sent out by 44 Alameda County Physicians.)

* * *

Oakland, California, November 22, 1944

Dear Doctor:

Again the physicians of Alameda County are being asked to turn against California Physicians' Service. You have no doubt received a letter recently, bearing the names of twenty-one Alameda County physicians, urging that you send in your resignation as a professional member of C.P.S.

Some of us—and we have listed our names on this letter—have the feeling that a matter of this kind should properly come up through the regular channels of organized medicine. We have a County Medical Association, a State Medical Association and a Board of Administrative Members of C.P.S. We believe that these are organized for the purpose of providing checks and balances in the usual democratic manner and that no minority group of individual physicians should hold itself above these organized bodies in attempting to bring about changes in a going concern. As a matter of fact, the proposal now being made by this minority has twice been debated before the C.M.A. House of Delegates and defeated on both occasions.

At this time we do not wish to take issue with the statements made in that letter recently sent to you. Instead, it is our thought that the *method* of placing this matter before our members should be through regular channels, not in the form of a personal campaign. Then, if the will of the majority is made known, it is only fitting that all of us accept that verdict and guide our own actions accordingly.

We simply ask that you maintain your membership and keep an open mind on the subject of C.P.S. We suggest that defects in its present setup should be remedied in the democratic way and not through a revolution within our midst. The only effect of the revolutionary method is to create a vicious negative reaction on the part of the public, not only against the minority group fostering this attack but against the entire profession.

This letter is sent to you primarily in the hope of creating unity, not only within our county but within our State.

Fraternally yours,

C. L. Abbott	George Kleeman
H. C. Aitken	Harold W. Lambert
K. W. Benson	Elwood W. Lyman
Katherine Scott Bishop	Clifford W. Mack
Josephine Borson	H. Gordon MacLean
George F. Calvin	Oscar O. T. McAllister
Joseph D. Cieri	Robert J. Oakes
Leela S. Craig	Clarence W. Page
H. W. Crane	Ernest W. Page
Whitfield Crane	Jane T. Paxson
R. A. Crum	Robert Redfield
J. Lloyd Eaton	Miriam Rutherford
Grant Ellis	Henry A. Shefoff
Arthur Fleisher	Paul R. Shumaker
David Hadden	Robert A. Stewart
David Rodney Hadden	Harold G. Trimble
Dean E. Hart	Stanley R. Truman
E. Schulze Heald	R. G. Van Nuys
James Hilgeson	A. L. Velarde
T. Richard Hofman	Clyde T. Wetmore
S. A. Jelte	J. Dwight Wilson
Percy H. Jennings, Jr.	Lois S. Wilson

III

Council Chairman Gilman's Covering Letter to Statement by C.M.A. Executive Committee

This letter was sent to members of the Alameda County Medical Association, and to secretaries of component county medical societies.

* * *

Dear Doctor:

You were recently sent a letter by a group of physicians in Alameda County who expressed disapproval of the existing organization of California Physicians' Service and who asked that you express your opposition to C.P.S. by resigning your professional membership.

The views of this group of doctors are diametrically opposed by those of the California Medical Association, which has at all times been backing C.P.S. on the orders of its House of Delegates. The Council of the C.M.A. acts as the official body of the organization in between the meetings of the House of Delegates.

Enclosed you will find a statement prepared by the C.M.A. as an immediate reply to the statements made by the group of Alameda County doctors. A more complete reply will be published in the December issue of CALIFORNIA AND WESTERN MEDICINE, along with the original letter. Meanwhile, you may well find the enclosed remarks worthy of your consideration.

We ask that you maintain your membership in California Physicians' Service and continue to give it your full support. Such defects as exist in California Physicians' Service can be remedied in an orderly fashion by action of the House of Delegates while sitting as Administrative Members. One of the reasons that the House of Delegates was made the Board of Administrative Members of California Physicians' Service was to permit free discussion and action to insure that California Physicians' Service conform to the desires of the profession. This is the democratic process.

Fraternally yours,

PHILIP K. GILMAN, M.D.,
Chairman of the Council.

* * *

IV

Reply Statement to Letter Signed by 21 Members of the Alameda County Medical Association

(Statement which follows is submitted by the Executive Committee of the California Medical Association.)

1. *Indemnity vs. Service.* The gist of the Alameda County complaint is that C.P.S. should be an indemnity insurance company engaged solely in reimbursing patients for all or part of the cost of professional services. As you know, C.P.S. was created by the C.M.A. as a medical *service* plan, and not as an insurance company. To set the record straight, the question of whether the medical profession's own plan should be an insurance company or a service organization has twice been voted down by the House of Delegates. At the special meeting in December, 1938, when it was voted to create C.P.S., the House almost unanimously rejected a proposal that C.P.S. be created as an insurance company. The idea of indemnification was unqualifiedly rejected for the reason, true then and still true, that the people want service, not a partial reimbursement of costs. Again in May, 1944, while the House of Delegates was in session in its capacity as administrative members of C.P.S., representatives from Alameda County introduced a resolution urging that C.P.S. be converted to an indemnity plan on

an insurance basis. This resolution was debated and rejected by the House.

2. *Public survey proves that cash indemnity doesn't satisfy public.* There was good reason for the rejection of a cash indemnity plan. This reason is a fundamental one. The people (and it is *they* who will untimately determine the future of the medical profession) do not feel that insurance cash reimbursement, leaving an exposure to additional bills, answers the problem of the cost of medical care. As stated by Dr. McCann, in describing the Massachusetts Medical Service, "Only a service contract for the entire family in the lower income brackets, under which no extra charge is made beyond the corporation allowance for the service, will give needed protection to this group." (A.M.A. Journal, Oct. 7, 1944, pp. 341-42). The public wants service without further exposure to burdensome expense, and one way or another it will get it.

3. *Service does meet demands of public.* To date, we know that a majority of the people are willing to vote against Government compulsion if they have available *service* from the medical profession on a reasonable prepayment basis. The independent and impartial survey made by Foote, Cone & Belding, with which you are familiar, definitely demonstrates that (1) a majority of the people in this state are not satisfied with private practice of medicine on a fee-for-service basis, (2) a majority of the people are, however, perfectly willing and desirous of having the medical profession do the job, if it does so on a service basis, (3) if the medical profession fails to do the real job, a majority of the people are perfectly willing to listen to politicians and vote for state medicine. It is our opinion that, in the light of the known views of the public, to convert C.P.S. to an ordinary insurance company would be a form of professional suicide.

4. *Instead of sabotage Alameda County doctors should again ask House of Delegates to decide.* If the group of physicians in Alameda County still disagrees with the reasoning of a majority of their fellow physicians, they should again seek debate in the House of Delegates, instead of sabotaging from the sidelines. The Association would welcome free and open debate on this subject once again in the House of Delegates, because it is confident that the course taken has been the only wise course, serving the best interests of the *profession and the public alike.*

5. *There is a difference between our plan (C.P.S.) and lay-controlled plans, public or private.* The physicians from Alameda County attempt to link California Physicians' Service with Government plans such as the Children's Bureau and the Wagner Act, and with lay-controlled private industry plans such as the Kaiser plan. One moment of reflection will demonstrate the fallacy in this approach.

What control does the medical profession have over the policies of the Kaiser plan? None, of course. What control would the medical profession have over Government medicine? None, of course. What control does the medical profession have over the policies of C.P.S.? The medical profession *owns* C.P.S. and is its sole control. The trustees of C.P.S. are elected by the administrative members. The administrative members are the delegates and alternates to the C.M.A. House of Delegates. Every member of the Association, through his delegates, is a part owner of C.P.S. The group in Alameda County has fallen into the error of considering C.P.S. *as somebody else's plan,* as some impersonal entity not connected with the doctors of California. Actually, and this is important, C.P.S. is not a third person or stranger or a company, it is you, it is *"our C.P.S.",* not *"that C.P.S."*

6. *C.P.S. has created an enormous good will towards California medicine.* Certain statements in the letter from Alameda County must not pass unchallenged. It is said: "Would C.P.S. prevent State Medicine? There is not the slightest evidence that appeasement schemes discourage Socializers." This is a non sequitur. It isn't socializers that C.P.S. is intended to impress or influence. It is the people of the State of California and of the Nation. C.P.S. has succeeded in influencing thought throughout the Nation far beyond what could reasonably be expected from its small size. It is favorably known in both Houses of Congress and is *not* attacked by any senator or representative, regardless of political party. C.P.S. is *not* an "appeasement scheme"; it is an effort to furnish real medical service on a prepayment basis and to do a complete job for the public. Cash indemnity, giving only partial relief from costs of medical care, is the *real* "appeasement scheme" and the public knows it.

7. *Blue Cross Plans are also service plans; they are not insurance.* In the letter from Alameda County it is stated: "Blue Cross and other hospitalization plans are true insurance. Hospital management insisted upon it." This is not a fact. Blue Cross plans are *not* insurance; they are service plans in which the hospitals underwrite hospital care in the same manner that professional members of C.P.S. underwrite professional services. There are today three Blue Cross plans operating in California. The extent to which these three plans actually call upon the hospitals to assume the ultimate financial responsibility under the service plan arrangement of the Blue Cross Commission of the American Hospital Association varies to some extent but the underlying principle of a *service organization,* not an insurance company, is inherent in the entire Blue Cross set-up. As a matter of cold fact, two of the three Blue Cross organizations in California today are engaged in litigation with the California State Board of Equalization, in suits which have as their purpose, among other things, to prove that these Blue Cross plans are engaged in a service business and not an insurance business. These suits in themselves are sufficient to refute the claim of the Alameda County physicians that "Blue Cross . . . is true insurance."

8. *Resistance to all change will kill, not preserve, private practice.* The letter states: "Let Alameda County retain and defend that of which we are justly proud—traditional, honorable PRIVATE PRACTICE." Needless to say, the California Medical Association has no objection to private practice, nor any desire to stifle it; but the Association begs to differ with those who think that by sabotaging C.P.S. private practice can be retained. They overlook the fact that the future of medicine is a matter in which the public as a whole will have something to say, and that the surest road to politically dominated medicine is to let the people feel that the medical profession with a head-in-sand attitude has only the desire to resist change and deny even the existence of an economic side to medical care. If we want to be engulfed and to lose *all private practice,* then by all means let us take the myopic view that all that we have to do is sit tight and defend "private practice."

9. *Service plans are not unique to California.* The letter from Alameda County states that California is almost alone in having a state medical association attempt to impose a prepayment service plan on its members. Granted that California was a pioneer in this field, it should be stated that Michigan followed California, that Massachusetts, New York, New Jersey, Colorado, and other state medical associations have now established pre-

payment service plans. In each state where thought has been given to the subject, the profession has chosen service rather than insurance.

In 1940 the Michigan Medical Association formed the Michigan Medical Service, which is comparable to C.P.S. Apparently whenever a majority of the physicians in a state undertakes a positive step in an effort to meet the problem of the costs of medical care, a minority within the profession, although out-voted, continues to attempt to defeat the will of the majority; for in Michigan, in spite of the success of the Michigan Medical Service, which now has over six hundred thousand members, one county has continually endeavored to kill the plan. In Michigan that county has not been successful.

10. *So-called trend towards conservatism.* The 21 doctors from Alameda County state: "The development of C.P.S. coincided with a surge of Leftism throughout California. With a trend toward Conservatism it is possible that pressure for such schemes may subside." It is aparent that the basic desire of the group from Alameda County is to stand pat and resist all change. It is also apparent that they think that the public trend is toward conservative resistance to change. To demonstrate that the group of doctors in Alameda County is engaging in wishful thinking, it is only necessary to refer to the national election held November 7th.

It doesn't take a great deal of perception to realize that the profession is not going to assist itself or the public welfare by timidly approaching the subject of costs of medical care, or by denying the existence of any need even to think about the subject.

(Signed) C. M. A. Executive Committee.

V

California Consults An Expert*

(Excerpts from an article in *Minnesota Medicine*)

Problems in distribution of medical services have been brought to a head in such states as California and Michigan as a direct result of the war.

Solutions which might have required many years of trial and error to evolve, have been forced into an advanced development, especially in California; and what has happened and is happening there may well be examined closely by doctors everywhere as a laboratory experiment in meeting issues which will eventually confront other states.

The California Physicians' Service, providing prepaid medical care to low-income families, had a slow and uncertain start some years before Pearl Harbor. The overnight growth of war industries, and the tremendous influx of workers occasioned by the war, presented problems in medical srevice which would not wait for solution. Leaders in organized medicine in the State made use of every available tool to keep from being overwhelmed: They expanded their California Physicians' Service, made unprecedented alliances with war plants, housing authorities and health officials in the hope that the delivery of medical services could be kept in the hands of private medicine and that government bureaus could be kept from stepping in and assuming the responsibility.

Profession Divided

In that respect, their efforts have so far been successful. But it is clear from published statements by officials of the California State Medical Association that the battle is not yet won in California, and that one of the hurdles has been the difficulty encountered in lining up the members, themselves, behind a united statewide plan of action.

The same difficulty has been encountered in many other states where initial experiments are now going on in the provision of prepaid medical service under medical association sponsorship. Misunderstanding, indifference and actual hostility on the part of individual physicians or component societies have threatened many another plan which had the wholehearted support of administrative bodies and association houses of delegates.

It is entirely in line with the pioneering spirit of the California organization that an interesting new step in solution of its difficulties has recently been taken in California. A capable and experienced public relations firm was asked to make a survey of the whole problem. The report of a representative of this firm, Mr. John R. Little, of Los Angeles, was presented recently to the California House of Delegates and is reprinted, here, in condensed form, from the July issue of CALIFORNIA AND WESTERN MEDICINE for two reasons. The first is that it provides an unique estimate by a qualified outsider on the social problem that confronts all medical organizations in these times. The second is that medicine's job today does not differ greatly in its public relations aspect from the job that has confronted many other groups in meeting the changing conditions of American life. It seems clear, therefore, that medicine will need the aid of such experts as Mr. Little, if it is to remain in control of its own house and avoid encroachment of government in the control of its essential functions. Minnesota has largely been spared the difficulties which are so acute in the delivery of medical service in California; but Minnesota doctors, also, should pay careful heed to the observations and advice given to their California colleagues in this report. The time is coming when they, too, may need such guidance. . . .

The highlights of Mr. Little's report follow. . . .

Plain Talks on Medical Care Insurance

(Reprinted from *New York State Journal of Medicine*)

PLAIN TALK, I

The medical profession of the nation is faced with a problem of great magnitude and importance. It must *sell* voluntary medical care insurance.

The House of Delegates of the Medical Society of the State of New York has provided for the establishment of a Bureau of Medical Care Insurance with a full-time director and staff to undertake this job for this State. That is all to the good.

Fortunately, this Society is already possessed of a Public Relations Bureau with experience and competence in presenting the views of medicine to physicians and the public alike. It must be used to capacity.

Also this Society has a JOURNAL. Its pages can tell a story. Those pages can tell the story of voluntary medical care insurance. They can tell that story to physicians who need to hear it. They can repeat that story in new words. Over and over. If they are used.

The Society is well equipped with tools for the job. Does it know how to use them? Time will tell. The Federal government knows how to use them. To sell what we consider an inferior product. Government-controlled medicine.

Many people sincerely believe that government medicine is good. We believe that voluntary medical care insurance is better. Our problem is simple. We must make more people believe that voluntary medical care insurance is better.

But first we must believe that ourselves. Enthusiastically and unanimously. You can't sell what you do not

* From the Department of Medical Economics. Edited by the Committee on Medical Economics of the Minnesota State Medical Association.
Excerpt is from "Minnesota Medicine," October, 1944, page 836.

believe in; you can't expect the new Bureau of Medical Care Insurance to sell your insurance to people if you yourself do not believe in it. Certainly, it's your plan. Of course you know that it is medicine's answer to compulsory Federal insurance. You have read that time and again. You have heard it mentioned in your county society meetings—if you were there. You realized, naturally, that your various county and state societies' medical economics committees were "doing something about it." But what have you yourself done about it? Some things you can hire done. Others you must do yourself.

If this JOURNAL is to serve you, and the common cause of medicine and the public interest, it must speak the truth. That is essential to good public relations.

Let's go! Not all of us believe enthusiastically in what we have to sell to the public. Some of us are hazy as to what it is all about. Therefore many of us can't talk to our patients or to the public persuasively and convincingly. So we say: get some one to sell the idea for us. That's a step in the right direction, but it is only a step. *Your* services are involved; *you* have to make any voluntary plan work; not only do you have to render the purely medical service to the subscribers, but you also have to do it enthusiastically. Otherwise you are asking your Bureau of Medical Care Insurance, your Public Relations Bureau, and this JOURNAL to help sell a gold brick, not only to the public but to other physicians.

This is plain talk. But we are committed to a voluntary insurance plan and it must work by virtue of the wholehearted participation of all of us in it.

"The people do not want Federal medicine," says Mr. John R. Little.[1] "They only want what they have been told *will result from Federal medicine*. The pressure groups and the politicians cannot enact Federal medicine without the clear will of the people . . . I suggest . . . you think only of what instrumentality you can supply which will satisfy the people's wants—an instrumentality which will be superior to anything politicians can offer. . ."

It will be, but only if physicians make it so. This does not mean *some* of the physicians of the State; it means *all* the physicians, and the proper use of *all* public relations media we possess.

PLAIN TALK, II

Many of us physicians are too preoccupied with the little trees of medicine to perceive the forest. We argue about details, procedure, and the like, endlessly, with each other. Thus we are prone to stress the differences of opinion which undoubtedly exist on many matters, while forgetting that we, the physicians, representing medicine, the public as the consumer, and government, the political agent of the people, are all in agreement as to the ultimate objective—better medical care for everybody. The people are interested in that.

We all want it. We all want it as soon as possible. The profession of medicine exists for no other reason than to provide it. The public rightly expects it from the medical profession—and gets it, by and large. Government can't do without it if it is to fulfill its constitutional pledge to promote the general welfare, of which the public health is a vital part.

The public knows something about insurance. It has bought billions of dollars worth of it, life, fire, accident, and the like, to its benefit.

Government knows about insurance, too. Because government is, after all, only the people when it does not forget and become biggity.

And the doctors, who are just people also, in spite of the language they use at times, are insurance-minded—couldn't carry on without it, in fact; life, fire, automobile, war-risk, accident, and all that.

So everybody is insurance-minded. And what is there to argue about? Spreading the cost? No; everybody agrees on that point. No argument. Ah! What are we proposing to insure against? The *costs* of *illness*. Sounds simple. Until you try it.

You can *assure* health only to a limited extent. That's preventive medicine and eugenics.

You can also *insure against* sickness. You can *insure against* the *costs* of being sick. If you know *how*, and *how much* the cost are and *how many* are going to be sick, and for *how long*. Plenty of room here for argument. Because you *have* to be right. You can't sell the insured people a gold brick. At least, not in this State. The law says so. If you promise something to people for fulfillment in the future, and people pay you in advance for delivery, you have to deliver just what you promised them you would. And, furthermore, people must be satisfied with what they get as a result of that promise which you made to them and for the fulfillment of which *they paid in advance*, often far in advance.

Now, you can pay off your insurance obligation either in services or in money. Some think one way is better, some think the other preferable. But in any event, you propose to meet *costs* of illness, and most plain people think of meeting *costs* with *dollars*. They understand that. Years of experience with life and fire insurance have taught them. Thanks to the businessmen, who have made this plain, reasonably simple, and prompt.

And so medical care insurance to meet the *costs* of unexpected illness must be financially sound, must pay where needed with as little red tape as possible, and must satisfy a need of the consumer, at a *price* he can afford.

The medical profession thinks it has had sufficient experience with the plans which have been in experimental operation in this State for many years now, to be able to say that such voluntary insurance can be provided for the public.

Eventually, government will assist in the operation and furthering of such plans, in our opinion, rather than to operate its own scheme of compulsory "health" insurance disguised as social security or whatever seems at the moment to be politically expedient because, after all, government is only the people and the people get what they want in this country.

Eventually the people will want the kind of medical care insurance of which the doctors approve, if the doctors will advise the people about it, because the doctors have always dealt honestly with the people and the people respect that way of doing things. But the doctors will have to inform the people by every means at their disposal of the advantages of voluntary prepaid medical care.

PLAIN TALK, III

There is one good point about being in agreement about something—you can go about your business expeditiously without wasting a lot of time squabbling.

Take voluntary prepaid medical care, for instance. There used to be some doubt and uncertainty about it; would it work? Did the doctors think it a good thing? How did the people feel about it? Would the medical profession support it? That was long ago.

Now the medical profession is squarely behind it, the public wants it, nobody opposes it who is sufficiently informed on the subject to know what it is all about. Take one aspect of it, for example. How can any plan to insure people against illness work unless the doctors are behind it? The whole principle of insurance depends upon *enough* lives, or houses, or automobiles of just plain people who pay premiums to meet the *cost* of the thing they *insure against;* in this case, *illness*. Next there must

1 California and Western Medicine, Vol. 61, No. 1, July, 1944, p. 12

be enough doctors to treat the people, good doctors, too, or the people won't buy the insurance. Why should they put up with other than the *best* medical care? When they buy something they want the best that can be had. That is why the doctors themselves, through their Medical Society of the State of New York, are sponsoring voluntary prepaid medical expense indemnity insurance. That is why the Medical Society is setting up, right now, a Bureau of Medical Care Insurance with a full-time director so that the people can have the kind of insurance they want, backed by the doctors themselves. Such insurance is *safe* insurance.

Many of you remember the watch that made the dollar famous. It was good because it had responsible people and good workmanship and materials in it. Voluntary medical care insurance backed by responsible doctors is good for the same reason. Such insurance provides medical care of a quality that the doctors, through their State Medical Society, propose to furnish to those who want to buy insurance against illness.

It is not to be anticipated that you can start with a perfected plan. You can start with an actuarially *sound* plan, and you can set your upper limits of acceptance in a manner or at a level to include 94 per cent or thereabouts of all the people in the country. Then, after you have enough subscribers to your plan you can modify the details as may be necessary, and as accumulating *experience* seems to direct. But you certainly cannot go until you start.

Even though the people want prepaid medical care insurance it will take some time to cover 94 per cent, say, of the people of the country, or even of this State. Policies have to be written and marketed. So it's up to us to take the driver's seat and deliver the goods, isn't it? What is to stop us? Nothing that we can think of at the moment. Doctors have never yet been stopped from doing anything which they thought was for the public interest, and for the betterment of the public health, come hell or high water.

* * *

Plain Talk, IV

Speaking before the Fifth District Branch Meeting of the Medical Society of the State of New York, at Utica, September 19, 1944, President Herbert H. Bauckus said, in part, "Man in his better moments has sympathized most hopefully with the proposition that all men are created free and equal. In the practical application of this thought is found again and again the strength and the faith that has nurtured our liberty—that has made America great. So, too, do we of the profession of medicine adhere steadfastly to the belief that all who live shall benefit alike according to the skill, ability, and resource of the highest developments in medical science available today. . . ."

President Bauckus called upon the responsible agencies of government charged with the responsibility of providing for the needs of the economically unfortunate to secure for these the same quality of medical care available to others.

"That this group, doubly unfortunate when ill, do not secure it, is not our fault—rather it is the result of the effort of the Boards of Social Welfare to buy cheap medical care. We do not want the product adulterated, no matter who pays for it. Political welfare medicine, cheap and hastily conducted school examinations, crowded and undersupplied clinics—we do not want them. Why do those outside of the medical profession insist that we shall have any such impersonal and poor medical care in this richly endowed America of ours? . . ."

Why, indeed? Because public business is that way in the nature of things; public officials, hard-working, ill-paid for the most part, some appointed for political reasons rather than for their knowledge, always under critical fire for their expenditures of public monies, are not in a position to do as they please. Restrictions laid down by higher authority govern, often under penalty for noncompliance of loss to the communities or districts or states of monetary grants-in-aid or rebates of tax monies. This is the curse of subsidy. This is the compelling reason why physicians look with disfavor upon the tendency to expand schemes for government or government-controlled practice of medicine.

"Our interest in preventive medicine likewise calls for the highest standards. We educate against epidemic disease, careless living, dangerous working—we warn against gambling with health and disease.

"Why do we need to have so many organizations to cope these many weary years with the problems of insanitation and preventable disease? I think a study of this question will reveal three main causes: (1) lack of leadership in the profession of medicine in public health procedures and their successful application to a properly informed people; (2) inertia and lack of carry-through to the use of our best medical knowledge on the part of officials of government—executive, law-making, finance, judicial; (3) health departments and boards of social welfare hampered by undermanned personnel, lack of funds, and political considerations.

"Our part, then, is to assume to the full our rightful leadership in the entire fields of the medical arts and sciences. No others are trained to understand or do as well. We ourselves do better. What does it profit anyone to keep with us this great preventable scourge, tuberculosis?

"I have no patience with those who quote statistics of 100 deaths being relatively unimportant when compared to 1,000 deaths. There is no place for coldness, and every place for warmth and mercy, in modern medicine."

Warmth and mercy, compassion, tenderness, the human relationship of one individual to another, the practice of medicine, or nursing? Can anybody visualize a Federal Warmth and Mercy Administration? A State Department of Compassion and Tenderness? The strength of government should lie in its impersonality, in even-handed administration of justice under the law, in the honesty and impartiality of its executives, in the incorruptibility of judges, in the accessibility of the courts of law to all.

Because there is this difference in the very nature of constitutional government and the practice of medicine, the government has no place, and, if constitutional, a government of laws, no sympathy, by definition, with the practice of medicine. It should have, quite properly, regulatory powers over the practice of medicine, provided these powers are wisely exercised under statutes which recognize the freedom necessary to the proper exercise and development of that which is partly a science and partly an art. But, as Dr. Bauckus says, leadership must come from within the informed profession. With assistance, not meddling, with lawful regulation, not control, by government. Failure by government to recognize these limitations, failure to exercise them, is to debase a profession, to demean government, and to substitute coldness for warmth, impersonality for a necessary humanism quite proper in the practice of medicine.

"To provide for the cost of medical care is a problem we have earnestly and considerately discussed with society in general and the individual patient in particular. We believe that our efforts to found voluntary prepayment medical care insurance plans in New York State are gradually bearing fruit. The establishment of a medical care insurance bureau with adequate personnel

under the aegis of the Medical Society of the State of New York is a decided forward step, and evidence of our faith in the public appreciation of independent medicine.

"Any sane consideration of the cost must put hospital and medical care among the foremost needs. Food, clothing, shelter, medical care—they are essentials and not to be entrusted to the vagaries of chance. Our leadership must be constructive in the emphasis upon liberal public education in preventive medicine and the care of the mind and body in health and in disease. We cannot delegate our responsibility in this regard. . . ."

We have, however, much to learn. If we cannot delegate our responsibility, we must exert our authority within the profession to enlarge our plans for voluntary prepayment medical care insurance. Our own profession must be educated, and quickly, to acceptance of this responsibility and to the necessity for the widest possible coverage of the population. It is hardly practicable, even if it were desirable, to insure one-half the employees in an industrial plant. Which of us would insure one-third of his automobile or one-sixth of his house?

Public appreciation of independent medicine seems to be evidenced by its support of the practitioners and the institutions of that kind of medicine. But there is much danger of alienating public support and confidence by too great independence. There is a happy medium and we would do well to take public need as a criterion and proceed accordingly.

* Public Relations Bureau of the Medical Society, State of New York, 292 Madison Avenue, New York 17, N. Y.

On Impending Federal Legislation— Wagner-Murray-Dingell Bill

*A Letter from Lowell S. Goin, President of the American College of Radiology to its Members.**

(COPY)

THE AMERICAN COLLEGE OF RADIOLOGY

540 North Michigan Avenue, Chicago 11

November, 1944.

Monthly News Letter, Number Thirteen

Dear Doctor:

. . . The normal functions of the College are now being resumed, and the officers have plans that will increase the scope of its activities and make its program of even greater value to the specialty of radiology and its practitioners in the years to come. The coöperation of the entire membership is needed for the immense job ahead of us.

We are living in a period of great social and economic change, in times which, even though trying, are of tremendous interest. Greatly affected by these changes, and struggling to adapt itself to them is our own profession of medicine. The problem is complicated by the natural resistance offered to change by all living things, and by the far reaching implications of the changes proposed.

What is about to happen to our socio-economic world? What may be done about it? Can these changes be stopped? Should they be stopped, or only guided? These are questions which are presently occupying the minds of a very large number of thinking people, and the answers are not readily given.

Many of us think that we are in the grip of great social forces whose power and strength have been gathering for years, perhaps for centuries. Progress consists essentially of changes, and our chief error lies in assuming that change is necessarily bad, on the one hand, or on the other that all changes represent progress. Truth lies between these two views. Changes are occurring, and are going to occur, in many aspects of life, but that change which most concerns and interests us is in the methods of the distribution of medical care.

No thoughtful person can deny that there are grave faults in the system by which medical care is now distributed. No thoughtful person can agree that an ideal method has yet been devised. Agreement is nearly unanimous, however, that the solution does not lie in socialized or Federal medicine. Those who do so believe are simply refusing to look at the facts accumulated by the European experience with medical care thus administered.

In spite of these considerations, it is by no means impossible that socialized medicine will come upon us, if not as proposed in the Murray-Wagner-Dingell Bill, than in some other fashion. If this be the case, it behooves us to consider what the position of radiology may be when our social planners have brushed the star-dust from their eyes and have settled down to the solid and practical matters of votes, patronage, and dollars to be gleaned from their welldoing.

The pending legislation is by no means dead, or even dormant. Hearings were held last month at which several of our leaders testified. Dr. Roger Lee of Boston, President-Elect of the American Medical Association appeared, and made a most favorable impression on the Senate Committee, and for this we should all be grateful.

The language of this proposed law has a certain vague grandeur coupled with a murky character which makes it nearly impossible to be sure just what the authors intend, but centers with diagnostic facilities are mentioned fondly. Since it seems unlikely that it is intended to erect centers to house a doctor with a stethoscope, one might assume that the diagnostic facilities referred to will be radiological and clinico-pathological. This, of course, would very neatly dispose of the private radiologist. Although the disappearance of the private radiologist is a small matter in comparison with the catastrophic effect of such legislation upon the public health, it nevertheless has some interest for us. We have, then, a triple duty: first, (and smallest) the guarding of our own specialty and the prevention of the loss of its benefits to mankind. Second, to assist in the defense of the medical profession (our medical profession) against its own destruction. Third, (and most important) to prevent the lowering of health standards and the increased death rate which will inevitably follow the enactment of such legislation.

Toward that end we have but one course now apparent, and that is the encouragement and support of voluntary medical care plans. I have already referred to the natural tendency to resist change, and I must now remind you that it may be stated as an axiom that whenever the people find beyond their reach something that they think should be available, the people will always make that thing available. Voluntary, physician organized and operated, medical care plans can solve the problem. Such plans *are* beginning to solve it, and the purpose of this message is to urge the radiologists of America to encourage and actively support these plans.

Sincerely yours,

(Signed) LOWELL S. GOIN, M.D., F.A.C.R.,
President.

* Dr. Lowell S. Goin is president of the California Medical Association. His letter to fellow-radiologists should be of equal interest to members of the California Medical Association.

In the "Paradise of Wisdom" by Ali Ibn Rabban, a work dealing with medicine, philosophy, embryology, psychology and astronomy, mention is made of elephantiasis, lupus and cancer.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Dec. 19, 1944.

IMPORTANT NOTICE

U. S. NAVY WANTS YOUR HELP

Medical Department of the United States Navy has urgent need of 3,000 additional surgeons.

Our Navy is understaffed by about 7,000 physicians.

Coöperation of every California physician is urgently requested.

From "Men at Worst" to "Men at Best"

California Surgeon Meets Amazing Heroism

From the confines of San Quentin's high walled prison for 28 years, Dr. Leo. L. Stanley, chief surgeon and at times acting warden, saw "Men at Their Worst." His popular book a few years ago carried that title.

Dr. Stanley, now a commander in the Navy and just returned from three years of sea duty—much of it aboard a hospital ship in the fighting areas—knows what title would be appropriate for another book, should he decide to write one. It is: "Men at Their Best—the Story of Bluejackets and Marines at War."

For more than a score of years, Dr. Stanley witnessed men at their worst in an institution provided by society for those who broke the rules of the game. Some of them despaired, some lost hope. Sometimes on the operating table a man openly wished to die; sometimes life in San Quentin Prison wasn't worth fighting for.

Now, 32 months after the Pearl Harbor attack, when Dr. Stanley was called to active duty, the former San Quentin surgeon has seen men fighting for their lives on the operating table when the odds were stacked against them. . . .

His ship was in the Kwajaleins during the battles for Roi and Namur; it was at Enjwetok, Saipan and Guam.

It arrived at Saipan on D-Day plus two. . . .

Dr. Stanley recalls a time in the Saipan invasion:

"We had come down from Saipan with hundreds of patients, many of them seriously wounded. It took us a week to make the trip and all of us had been tense during the four days we had stood by to receive these patients with the battle going on before our eyes.

"For some there was little sleep. Surgeons were busy day and night."

Many surgeons, he said, handled more than 30 operations in a day.

"Speed and prompt surgery," Dr. Stanley says are the key to medical action. Sometimes it required more than medical science and prompt surgery to save a man's life; it required the patient's own tenacity and nerve, a willingness to stick it out and see it through. Once in a while a man's arm or leg had to be amputated and a man had to be of iron to watch it. These Army, Navy and Marine Corps men, Dr. Stanley says, were "Men at their best."

Life aboard a hospital ship, while interesting, wasn't always easy. When the seas were high and the ship tossed, a surgeon would wrap a leg around the operating table for support. And yet nothing deterred from prompt ministering of men.

The ex-San Quentin surgeon had words of high praise for Navy nurses, who, he said, for the most part are capable and efficient, and add a lot to the morale of the patients on board.

"Nurses are in great demand," he said.

And he was emphatic in pointing out the importance and necessity of blood plasma which oftentimes saves wounded men's lives even before they are transferred to a hospital ship or to a hospital base.

The Services Need More Nurses

Although more than 35,000 nurses are now serving with the Army or Navy, the need is by no means satisfied. During the next year it is estimated that something like 30 000 additional nurses will be required. Including 35,000 students now in training, the number of nurses available for service with the Army or Navy is estimated at about 195 000. In recent months the rate of enlistments has fallen off, and the Army and Navy Nurse Corps is making an effort to convince more nurses that their first duty in this emergency is to serve the sick and wounded among our fighting men.

Of course, this need puts a new strain upon civilian hospital staffs, already on desperately short rations, and the call for girls to study nursing and for women to take Red Cross courses in home nursing or to qualify as nurses' aides is increasingly urgent. The *Post* is glad to add its endorsement to the appeal of the services and the Red Cross for an increasingly large number of women with the necessary age and educational qualifications to contribute their skill and patriotic endeavor to meet the crisis in the care of sick soldiers and sailors and of the civilians who are left behind.

Draft Statistics on Physical Defectives

"Facts uncovered by the war concerning the physical unfitness of the men of this country are beginning to have their first repercussions. A Congress committee is exploring the situation revealed by physical examinations for the draft. Out of that exploration very probably is to come a renewed demand for broader Social Security—disability insurance, hospitalization, maybe a start toward state medicine for persons other than war veterans."

This paragraph, from the *United States News* of July 21, expresses the theme of several national magazines in recent weeks. The attitude is that because draft rejections have been high, state medicine is the only solution. Continuing, the *News* points out that at least 15 to 20 per cent of the ailments for which men have been rejected could have been corrected. It is conceded, however, that malnutrition may have been a major cause of bad teeth and tuberculosis. Mental disorders are so widespread, it is stated, that more than 30 per cent of the men rejected have mental diseases or mental deficiencies including illiteracy. Ten per cent have been rejected because of such manifest defects as missing arms or legs, blindness, and deafness. Syphilis and other venereal diseases have caused the rejection of 7.1 per cent. Heart ailments, tuberculosis, visual disturbances, and bad teeth are among the other leading causes for rejection.

Admittedly then, 80 to 85 per cent of the defects which have caused rejection by the military were not

amenable to medical or surgical treatment. They were caused in large part by poor heredity, malnutrition and bad environment, neglect of teeth, fractures, deformities, and many other conditions which might have been corrected early in life. The constantly repeated assertion that clinics operated by the government would have prevented such widespread physical disability has small basis in fact. The poorer districts of all important cities have long had large charitable clinics where the finest of medical and surgical care was available to that part of the population who were unable to obtain it privately. No amount of medical care can overcome the effects of ignorance, indifference, poor nutrition and bad housing...

If our government is sincerely desirous of improving the health of the nation, it will adopt a policy of universal slum clearance, and will provide proper recreation and playgrounds for city children. Instead of destroying food surpluses it will see that every child is properly fed. Every youth will be instructed as to the dangers of venereal disease and as to proper methods of treatment thereof. It will provide care for persons afflicted with tuberculosis and other prolonged and catastrophic illness. It will build fine municipal gymnasiums, swimming pools, and athletic fields in every community, and will encourage all children and young people to participate in athletic programs, rather than reserving participation for a small percentage of super athletes who do not need such training. Through a system of loans and subsidies it will be made possible for people of small means to obtain medical and dental care from private sources in a self-respecting and American manner.

These, and related measures, within one generation, would correct most of the defects which have caused such a high rate of rejection by the armed forces. The cost will be great, for it is expensive to eliminate slums, eradicate malaria, and carry on great mass educational programs. It is far easier, and more in line with standard political thinking, to establish some clinics, put more doctors on the government pay roll, and ignore the great basic evils which have been so startlingly revealed by the draft.—E. T. Remmen, Secretary, in *Bulletin* of Los Angeles County Medical Association.

General Kirk Addresses Military Surgeons

Major General Norman T. Kirk, the Surgeon General, made the opening address at the 52nd Annual Meeting of the Association of Military Surgeons in New York City this month. He outlined briefly the progress made by the medical profession in this war, which, he stated, had advanced medicine fifteen years. He then went on to say that the responsibility of the Army Medical Department did not end with getting soldiers well quickly and soundly but extended to giving those returning to civilian life "every possible aid to get them back on their feet." This, he explained, meant preparing them to return home and resume their normal way of life. General Kirk then called on the military surgeons to help educate the public on how to receive these men, the majority of whom, he said, want to be considered as self-reliant human beings and want a job—not a lot of sob-sister sympathy.

Critical Need for Army Nurses Continues

Out of 27,000 recruiting letters sent by the Army Nurse Corps to nurses classified as 1-A for military service by the War Manpower Commission, only 710 replies have been received, and less than a third of these are from nurses qualified for commissions.

While the drive to recruit Army nurses lags, the number of patients being evacuated from overseas to the United States has been increased almost 300 per cent. In addition, the overseas requirements for nurses continues to grow, with the quota for the month of December alone set at approximately 1,000 nurses.

Social Security Tax: Freeze Continues

One Per Cent Levy to Continue; President Roosevelt to Submit a New Plan

Washington, Dec. 16.—(AP.)—President Roosevelt's "reluctant" signature on legislation freezing Social Security taxes started a general congressional exodus from Washington today. Except for some State Department nominations under fire in the Senate, the social security legislation—blocking a scheduled increase from 1 to 2 per cent in pay roll and pay check taxes on January 1—was the last major hurdle between the 78th Congress and its final adjournment.

Announcement of the President's action drew a burst of applause when Speaker Rayburn made it in the House, where members generally had expected a veto.

There were less than 100 representatives on the floor at the time and many of them scooted away promptly to take up train and plane reservations for home.

Roosevelt's Statement

With only a few noncontroversial odds and ends in addition to the Senate nominations to be acted on, leaders set their sight for final adjournment not later than Wednesday.

Rayburn's announcement of the President's action was followed by White House release of a formal statement declaring it would be incumbent upon the next Congress to review thoroughly the methods of financing social security benefits.

The President said he still felt that the tax should have been allowed to rise on account of "Long run requirements of the Social Security System." He asserted the measure "Merely defers until next year" the necessary fiscal receipts. He added that it did not seem "Wholly sound to enact a tax law and then defer the taxes year after year."

"At an early date," the President said in the statement, "I plan to submit to the Congress a comprehensive plan for broadening and improving the Social Security system." . . .—San Francisco *Chronicle,* December 17.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Calls Bill Dangerous

Says Passage of Wagner Bill Would Foist Collective Medicine Upon America

"Political medicine as proposed in the Wagner-Murray-Dingell bill is too dangerous a trial balloon to launch upon the American people," Dr. H. Clifford Loos, head of the Ross-Loos Medical Group, told a representative of the Underwriters' Report in an interview on the prospects of socialized medicine and of alternative plans now being advanced from within the medical field.

"When the American farmer is desirous of going into collective farming, and when American business men desire to go into collective business ventures, and when America decides that the free enterprise and competitive system upon which this country was founded is no longer desirable, then will be the time for the collective practice of medicine operated by the government," he declared.

"We haven't reached that state yet, and if I know America we will never reach such a social status. Collectivism is not American, and it would be unfair to saddle collectivism on one segment of our population,

namely the doctors, and not include all of our citizenry in it. The doctors who are having to render the medical service should have something to say about how it is to be done, and we do not want political medicine.

"We in our profession are not as unprogressive as the reformers would picture us. We sense the need for doing something, and we are doing something. If the Government will leave us alone we will solve the problems. There is evidence all around us that the solution is near at hand. Who is better able to work out this puzzle than the doctors themselves? The passage of such a bill as is now before Congress would be such a hopeless thing for the medical man. The doctor does not want to be on a fixed income with no reward for merit, and because he would so unwillingly go into such a system of practice, the type of medicine practiced would be bound to deteriorate, and those who would be bound to suffer in the long run would be the patients of such a revolutionary scheme.

"When we talk of a better spread of medical care for the American people, what people are we speaking of? More and more, Government in this country has usurped the old private practice field. Already we have the industrially injured and sick treated by mandatory coverage. So this group has been taken away from private practice. All veterans of the wars receive medical care at the hands of the Government. Government has taken care of the insane and the tuberculous. Communicable diseases if institutionalized are cared for at public expense, and venereal diseases can be treated through public health agencies. Indigents, of course, are provided care. We are talking about medical care for those left out of these special categories.

"Of course many of our people who are eligible for medical care at public expense do not accept it. Most of the veterans of the last war choose to seek medical care through other channels than governmental agencies, and the fact that private tuberculosis sanitariums still thrive shows that government does not handle all tuberculosis cases. There will always be many of those eligible for governmental care who will not choose to accept it, and whose choice will be of their own selection."

Dr. Loos came to San Francisco to address the Commonwealth Club at a meeting on September 15.—San Francisco *Underwriters' Report.*

Social Security

House Committee Favors Tax Freeze

A poll of the House Ways and Means Committee indicated on November 29 it will vote, 15 to 8, tomorrow to "freeze" the Social Security tax, scheduled to double automatically on January 1.

Republican Leader Martin of Massachusetts said that all who expressed themselves at a meeting of the party steering committee late today also were in favor of the freeze, forecasting a heavy G.O.P. vote to that end.

However, some leading proponents of the "freeze" conceded the Presdient will promptly veto the measure if Congress passes it. They added that there are not enough votes to override a veto.

In that event the tax will be boosted a month hence from 1 to 2 per cent—meaning that the wage and salary man will pay the security fund $2 for each $100 he earns (up to $3000) and the employer will pay $2 on each $100 of his payroll.

A check of Ways and Means members indicated that six Democrats are inclined to vote with nine Republicans, to brush aside Administration recommendations and put thruogh the "freeze" bill. Eight Democrats probably will vote the other way.

There still is a possibility of overnight changes.

Congress was told today that leaders of organized labor want the security tax to double, as provided in the basic Social Security Act.

Martin H. Miller, legislative representative of the Brotherhood of Railway Trainmen, testified before the committee that his organization vigorously opposed the "freeze," and that he is advised that CIO and AFL leaders have the same view.

He said the increase "is absolutely necessary for a sound Social Security system. Otherwise, Congress later must subsidize the security fund with direct appropriations from the general revenues."

A representative of numerous industrial groups has pleaded for the "freeze," contending that the size of the security reserve fund is ample.

* * *

Wider Social Security to be Proposed

The Administration disclosed on November 27, it will present to the new Congress a proposal for vastly expanded social security coverage.

The disclosure was made even as the Administration encountered a burst of opposition in formally asking Congress to let the social security tax double on January 1, as provided by law.

A. J. Altmeyer, security board chairman, took the Administration's views before the House Ways and Means Committee.

Committeemen submitted him to vigorous questioning, indicating opposition to the tax increase, and causing speculation that Congress might vote to "freeze" the tax at 1 per cent.

Altmeyer said the increase to 2 per cent (against the pay of employee and also against the payroll of employer) is necessary for a sound social security program. He declared "the issue is whether Congress is going to make promises (of security) and not provide money to make good on these promises." If taxes are not increased, he warned, it may be necessary later to subsidize the program through direct appropriations.

Obligations are being created faster than reserves, he continued, although the obligations in large part will not fall due for 20 years.

Expansion Plans

The security board chairman then told the committee he would be back early next year with proposals for vast expansions.

He later gave a reporter a brief outline as follows:

1. Social insurance—A comprehensive system of compensation for part of the involuntary loss of earnings suffered by workers due to sickness and disability.

2. Old age and survivors' insurance—Coverage to be extended to agricultural workers, domestic workers in private homes, employees of nonprofit organizations and self-employed persons.

3. Administration of unemployment insurance, now in State hands, should be made a Federal responsibility.

4. *A Federal system of medical and hospitalization benefits.*

Altmeyer indorsed the Wagner-Murray-Dingell social security bill "in principle, but not in all detail." Dingell (D., Mich.) said the medical program in his bill "is not socialized medicine."

The plea that the social security tax be allowed to rise met with a cool reception by some committeemen. Representative Knutson (R., Minn.), committee Republican leader, said it seemed to him Altmeyer was "pleading for the increase so the Government will have more money to spend."

Chairman Doughton (D., N. C.) asked Altmeyer why "you missed the mark so far previously" in estimating the yield of the social security tax. The witness blamed the war and revisions in the act.

R. T. Compton of the National Industrial Council

asked the committee to "freeze" the tax at 1 per cent, saying employers and employees could "save" $9,000,000,000.

Representative Gearhart (D.-R., Calif.), committee member, said: "I believe it is revenue the Government is after, not money for old age pensions."

How Attempt to Regiment Holland Physicians Failed*

Translation of a letter addressed by the Netherlands physicians (and surgeons) to the "Rijkscommissaris voor het bezstze Nederl. Gebied" (Dr. Seys Inquart)

(COPY)

"It is with the greatest astonishment and indignation that we, Netherlands physicians (and surgeons) have taken notice of your latest instructions regarding the exercise of our profession. These instructions state among other things that doctors are no longer at liberty to lay down their profession, or to resign and give up the titles denoting their qualifications. This involves that you are again trying to force them to become members of the 'Artsenkamer' (a branch of the *Nat. Soc.* Medical Society). Those who should act contrary to your instruction are threatened with severe punishment.

"For generations we, Netherland physicians (and surgeons), have worked for the well-being of our patients and of this people. A high standard of medicine and hygiene has always existed in the Netherlands thanks to our practical and scientific labour.

"Our organization 'De Nederl. Maatschappij tot Bevordering der Geneeskunst' (the Netherlands Medical Society) was a 'trade-union' of the highest order. It worked according to the Netherlands standards and traditions, and its membership extended to practically the whole of the Netherlands medical profession. Of our own free will we have all resigned from our excellent 'trade-union' in order to prevent it being used as an instrument for terrorizing the Netherland medical profession.

"You then founded the 'Artsenkamer' which was to force upon the doctors the Nat. Soc. principles that are so absolutely and entirely alien to them.

"Mr. Rijkscommissaris, you should be well aware of the antagonism of the medical profession against this imported institution which is being imposed upon them. During the time of its existence the 'Artsenkamer' has time over and again come into conflict with the medical profession as a whole, and none of its aims have been attained so far, owing to spontaneous resistance. The organization has been and is greatly mistrusted by all Netherland doctors. You will remember having received in December, 1941, a letter, signed by 4,500 doctors, with the request to abolish the idea of founding an 'Artsenkamer' with the object of imposing Nat. Soc. principles in the region of medicine. The following out of the principles of racial prejudice, with its consequences of the elimination of lunatics and invalids and the sterilization of healthy people, shows in how far our solicitude was justified. Evidence of how the 'Artsenkamer' is opposed to the spirit and the feelings of the Netherland doctors was recently produced by the resignation of 6,200 doctors who decided rather to give up their profession than to join the 'Artsenkamer.' In spite of this, you are once again trying to enforce upon us, through a display of your power, the things that we are unwilling to do, and you are endeavoring to put us under the guardianship of a small political party which enjoys neither our confidence nor our esteem.

"Mr. Rijkscommissaris, the doctors come under your latest regulations because of the oath they have sworn when taking up their profession. It is on account of this very oath which implies certain medico-ethical standards, that it will be impossible for us in the future to comply with your wishes. Should the moment arrive that we doctors are to be faced with inacceptable demands, it may prove necessary for us to venture our lives and our freedom, and to challenge your threats.

"We hope we shall be spared such a conflict, and that we shall be allowed to continue our work conscientiously in freedom and in peace.

"Further developments in this matter depend entirely on you, Mr. Rijkscommissaris, and you will be held responsible in the presence of the Netherlands People."

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* Covering Letter for Item follows:

(COPY)

COLLEGE OF MEDICAL EVANGELISTS
Clinical Division
White Memorial Hospital
December 14, 1944

George H. Kress, M.D., Editor, addressed.
Dear Dr. Kress:

A short time ago I received a letter from one of our alumni, Dr. ————, who is on military duty and is now located in Holland. In his letter to me he enclosed a translation of a letter addressed by the Netherlands physicians to a Nazi appointed governer, and because I thought you might be interested in this document, I had my secretary make a copy, which is enclosed.

This was given to Captain ———— as a souvenir by a doctor in a little Netherlands town. It was typed and translated by one of the secretaries in the local branch of the medical society. Dr. ———— adds that the doctors eventually had things their own way and that they were the most unanimous of any group in Holland in opposing the things which the Nazis were attempting to require of them. He states: "Also, they were the only group that was able to take an open stand and not lose their necks. For this reason they were able to do much good for the people during the occupation."

If you think you can use any of this in the CALIFORNIA AND WESTERN MEDICINE, you are free to do so.

With best personal regards, I remain,

Sincerely yours,
(Signed) W. E. MACPHERSON, M.D.,
President.

December 20, 1944.

To All Members of the California Medical Association:

Dear Doctors:

I feel that you should know that Labor intends to introduce into the January session of the State Legislature a bill providing for the establishment of compulsory health insurance in California. The exact nature of this bill is not known.

Your officers of the California Medical Association have had some discussion with representatives of Labor who express willingness and indeed, eagerness, to coöperate with the doctors of California in making the most workable and least objectionable bill that can be drawn.

If the Legislature does not enact the bill into law it is understood to be the intention of Labor to take the matter to the people by the initiative in the general elections of November, 1946.

Because of the gravity of these impending events your C.M.A. Council is calling a special session of the House of Delegates to meet in Los Angeles on January 4, 1945, and the purpose of this letter is to urge you to try to attend that session. While only members of the House of Delegates may participate in the debate and actions of the House, every member of the Association is welcome to attend and I wish to urge you to do so if it is at all possible.

Your entire future may be affected by the actions taken by the C.M.A. House of Delegates in this session and it will be to the benefit of Medicine in general and to your personal benefit if you can attend and hear the matter presented and debated. I hope that you can do so.

Very truly yours,
(Signed) LOWELL S. GOIN, M.D., *President.*

Physicians Seek Place in Cabinet

An official of the American Medical Association recently declared the time has come for the medical profession to press for specific action on the creation of a national health agency "with a secretary of Cabinet rank."

Such an agency, said Dr. John H. Fitzgibbon, chairman of the A.M.A.'s council on medical service and public relations, would coördinate and administer all medical and health functions of the Federal Government exclusive of those of the Army and Navy. He said the profession long has advocated it.

(Editor's Note. In 1872 at the meeting of the American Medical Association, Dr. Thomas M. Logan who founded the California State Board of Public Health in 1870, advocated a National Health Council and in the 42nd U. S. Congress of 1872 recommended the establishment of a National Department of Health. Quotation from his statement follows: "Let us have a Secretary of Public Health, as well as a Secretary of War." For references see CALIFORNIA AND WESTERN MEDICINE, January, 1940, pages 2 and 6.)

He told the District of Columbia Medical Society formation of such an agency could be followed by discussions with the medical profession and other groups to determine "the necessity for and nature of federal action" to make high-quality medical care available to every person in the United States.

The doctor said the A.M.A. long has had the objective of the continued development of private practices, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability "including the development and extension of voluntary hospital insurance and voluntary medical insurance."—San Jose *Mercury Herald,* October 9.

Fellowships for the Training of Health Officers

The Commonwealth Fund has arranged for the training of health officers and the following conditions have been set out:

Eligibility—Length of Tenure

1. All applicants must possess a medical degree, have had at least one year's internship, and have shown ability, together with interest in and aptitude for public health.

2. Men who have had at least a few months' experience in actual public health work will be preferred.

3. Applicants without any experience in public health must have exceptional ability and if awarded a fellowship will be provided a full calendar year so that they may have opportunity for some field training either before or after their course of study.

4. Applicants who have not attended a school of public health will be preferred and the fellowships will be awarded for one school year except as indicated in number 3 above.

5. Applicants who have attended a school of public health for one year will be considered for a second year, for the doctorate, provided there are available fellowships.

6. A total of six fellowships will be available the first year.

Stipends

Single men—$175 to $200 a month, depending upon circumstances; plus tuition and travel from home to school and return.

Married men—$200 to $250 a month, depending upon individual circumstances; plus tuition and travel from home to school and return.

Procedure for Application

1. Application blanks and accompanying papers must be filed with Commonwealth Fund, which reserves the right to require personal interviews if it is deemed necessary.

2. Awards made by the fund will be subject to acceptance by the school of public health concerned.

3. Schools at which these fellowships will be tenable are:

Johns Hopkins University School of Hygiene and Public Health.

School of Public Health of the University of Michigan.

DeLamar Institute of Public Health of Columbia University.

Graduate School of Vanderbilt University.

School of Public Health of the University of North Carolina.

Physicians who are interested in the fellowships should obtain application forms from Dr. Clarence L. Scamman, the Commonwealth Fund, 41 East Fifty-seventh Street, New York 22, New York.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Blue Cross Hospitalization Growth

One of the Nation's greatest social health experiments, the Blue Cross, which is the united title for 80 American hospital care associations, passed the 15,000,000 membership mark this summer.

The Blue Cross also cleared the last barrier to admission of every American to hospital insurance. This was done by arranging for community welfare organizations to sponsor memberships for persons who lacked industrial sponsorship; employees of firms with less than 10 persons, domestic servants, the self-employed, many professional people and the retired.

The real membership this summer is nearly 16,000,000 if the count is spread to the service men and women whose enrollments are held open during the war. The rush of new members brought in almost 2,000,000 the first six months of this year. There has been no slackening since.

The Blue Cross covers 41 States and the District of Columbia. The seven States without Blue Cross service are Arkansas, Mississippi, South Carolina, Idaho, Utah, Wyoming and New Mexico.

In the Blue Cross are 3000 hospitals, which contain five-sixths of the Nation's total bed capacity for acute illnesses among the general public. Not in Blue Cross are about 2000 Federal, State, city and county hospitals, primarily for the indigent and for mental and tuberculosis cases, and about 1000 small proprietary hospitals.

There are five Blue Cross plans in Canada and one in Puerto Rico, which are counted in the American total of 80. Membership is available in areas representing about 95 per cent of the Nation's total population.

The first hospital service plan began in 1929 at Baylor University, Texas, for 1500 teachers. Inside two years there were several similar plans. Use of the name and symbol, Blue Cross, was started in 1933 by E. A. Van Steenwyk, then manager of the Minnesota plan, now executive director of the Philadelphia Blue Cross.

In the early years the main problem was actuarial, that is, whether the principle of providing hospital care for a fixed annual charge was sound, and precisely what it must cost. This hospital care is neither commercial, like life insurance, nor political like government insurance, but a cross between. It is not commercial because no profits are permitted. It is something new in large-scale American social development.

The idea of family coverage was new. Almost every-

one said it could not be done. Including maternity care was considered the rarest folly. In retrospect, the public was not particularly concerned with the price, but wanted to know whether hospital insurance was worth anything at all.

That is past. The main problem now is public relations and administration. The two combine to keep this huge, sprawling, free-will organization at an efficient and growing peak.

Letters from clients run into thousands, mainly laudatory. The common denominator of these praises is the increased sense of security.

In 1937, Julius Rosenwald of Chicago, allotted a grant of $100,000 to the American Hospital Association for study of hospital care and related problems. Afterward various Blue Cross plans, as each hospital plan is known, began to contribute to the parent body.

Now the American Hospital Association has, all from these plans, an annual budget of $70,000 for the hospital service work. Dr. C. Rufus Rorem is director of the Hospital Service Plan Commission, with headquarters in Chicago.

The hospitals in the plans report an increase in patients due to the Blue Cross movement, but without more overcrowding, because the length of stay is shorter. Blue Cross subscribers are hospitalized promptly, before they become so ill.

Women have been found to require about 50 per cent more hospitalization than men. There were 200,000 Blue Cross babies last year. Epidemics have not seriously affected the Blue Cross, although they have crowded hospitals occasionally for a month or two.

Removal of the last barrier to universal participation was typical of this voluntary social advance. It began small, scattered itself widely, and then turned into snowball proportions. One of the first community-guaranteed membership plans began in 1938 in Stillwater, Minn. Seventy-five per cent of the population joined.

Gradually this idea spread to 128 cities and towns in 20 States, with Haverhill, Mass., 46,000 population, the largest.

For its part, the Blue Cross sets up standards. These are not rules with precise limitations, but broad requirements, such as non-profit organization, assurance of good medical care, that the public interest shall be served, free choice, limitation to hospital charges and dignified promotion.

Last year the Blue Cross plans paid $70,000,000 in hospital bills, nearly 20 per cent of the income of the member hospitals. A Blue Cross member was said to enter a hospital every 20 seconds. And this was not higher than the average for all Americans. The membership then was one in every 10 Americans. Some members who had been interned in enemy territory had their hospital bills there partly paid, through an extension of benefits-wherever-you-go plans which are beginning to make headway among the associations.

Recently started is something new, medical insurance, particularly for physicians and surgeons' services in the hospitals. This movement is directly sponsored by the medical profession, but is closely coördinated with the Blue Cross. There are 14 of these medical plans in 11 States and one in Puerto Rico.

The medical plans are proceeding cautiously, sometimes having had to reorganize because there was at the start no reliable information either about costs or even what the American people would want.

The Blue Cross and the medical plans are an answer of hospital trustees and administrators, also of the medical profession, to political moves for State medicine. Many of the facts on which arguments for either system will rely are likely to come from these two experiments.—Howard W. B. Blakeslee in San Francisco *Chronicle*

American Hospital Association Plans Survey of Hospitals

Dr. A. C. Bachmeyer, director of the University of Chicago Clinics, was appointed to conduct a two-year survey of America's hospital system at the initial meeting of the Commission on Hospital Care in Philadelphia August 1. The Commission was organized on the request of members of the American Hospital Association for an independent, unbiased study to serve as a basis for plans for future hospital facilities and the extension of those already in service.

In his capacity as permanent director of study, Dr. Bachmeyer will make a survey of hospital facilities in three states—California, Michigan, and one in the South—to determine the health needs of every segment of the population, and to investigate the potentialities for an even wider distribution of hospital service.

On the basis of these studies, a nation-wide plan looking toward greater co-ordination among hospitals will be developed, aimed at extending hospital care of the sick and injured equally to all—the farmer, the laborer, the urban dweller, and those groups requiring specialized attention for mental and incurable diseases.

Dr. Thomas S. Gates, president of the University of Pennsylvania, is chairman of the Commission, which has been financed by a fund of $105,000 contributed by the Kellogg Foundation, the Commonwealth Fund of New York, and the National Foundation for Infantile Paralysis.

The Commission is composed of farm leaders, industrial and labor representatives, and members of the medical and nursing professions.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (39)

Alameda County (1)

Picard, William J., *Berkeley*

Kern County (4)

Buss, William C., *Bakersfield*
Coker, John K., *Bakersfield*
Harris, Squire O., *Bakersfield*
Maschmeyer, Joseph, *Bakersfield*

Los Angeles County (17)

Aaronson, Myer William, *Beverly Hills*
Bach, Walter L,. *Palos Verdes*
Bogue, Willis J., *Monrovia*
Brower, Arthur Benedict, *Los Angeles*
Crutcher, Roberta, *Los Angeles*
Dispensa, Johnette G., *Los Angeles*
Joesting, Harold Carl, *Los Angeles*
Linton, William Elmus, *Los Angeles*
Musser, Fred C., *Los Angeles*
Nielsen, Robert F., *Santa Monica*
Oslund, Robert M., *Los Angeles*
Shapero, Edith, *Beverly Hills*
Spomer, Isaac, *San Pedro*
Walker, Sydney, *Northridge*
Warne, Ralph Caldwell, *Los Angeles*
Weisman, Samuel, *Los Angeles*
Wical, Alfred Leslie, *Alhambra*

Orange County (3)

Newton, Raymond A., *Laguna Beach*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Specht, Oswald S., *Garden Grove*
Taylor, Irwin E., *Buena Park*

San Bernardino County (1)

Crites, A. H., *Barstow*

San Francisco County (10)

Charlier, Joseph G., *Burbank*
Engel, Samuel, *San Francisco*
Gray, Claude Cleveland, *San Francisco*
Guilfoil, James A., *San Francisco*
Halpern, Lena, *San Francisco*
Moffitt, Herbert C., Jr., *San Francisco*
Popov, Nicholas Paul, *De Ridder, Louisiana*
Sherman, George Fairchild, *San Francisco*
Siris, Evelyn Lillian, *San Francisco*
von Saltza, John W. H., *San Francisco*

Solano County (2)

Fraser, Donald A., *Vallejo*
Watson, George A., *Vallejo*

Sonoma County (1)

Testa, Dumas J., *Healdsburg*

Transfers (3)

Gries, Louis, from Los Angeles County to Solano County.
MacPherson, Douglas G., from San Francisco County to Los Angeles County.
Petty, Louise E., from Mendocino-Lake County to Alameda County.

In Memoriam

Black, Howard. Died at Palo Alto, September 21, 1944, age 70. Graduate of the Starling Medical College, Columbus, Ohio, 1896. Licensed in California in 1900. Doctor Black was a member of the Santa Clara County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Connell, James Albert. Died at Riverside, September 24, 1944, age 65. Graduate of Northwestern University Medical School, Chicago, 1904. Licensed in California in 1920. Doctor Connell was a member of the Riverside County Medical Society, the California Medical Association, and the American Medical Association.

✤

Dunsmoor, Robert Morris. Died at Fontana, November 7, 1944, age 62. Graduate of the College of Physicians and Surgeons, Los Angeles, 1913. Licensed in California in 1913. Doctor Dunsmoor was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Hayton, Charles Henry. Died at Eagle Rock, October 9, 1944, age 75. Graduate of the George Washington University School of Medicine, Washington, D. C., 1911. Licensed in California in 1925. Doctor Hayton was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Johnson, Dwight David. Died at Grass Valley, October 30, 1944, age 85. Graduate of the New York University Medical College, New York, 1883. Licensed in California in 1893. Doctor Johnson was a Retired member of the Placer-Nevada-Sierra County Medical Society, and the California Medical Association.

Jones, Carl Power. Died at Grass Valley, October 18, 1944, age 66. Graduate of the Cooper Medical College, San Francisco, 1907. Licensed in California in 1908. Doctor Jones was a member of the Placer-Nevada-Sierra County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Lennon, Thomas Joseph. (Major) United States Army Medical Corps. Died at Hammond General Hospital, Modesto, November 13, 1944, age 48. Graduate of the University of California Medical School, Berkeley-San Francisco, 1924. Licensed in California in 1924. Doctor Lennon was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Martin, George Scott. Died at Susanville, October 8, 1944, age 58. Graduate of the University of Louisville School of Medicine, Kentucky, 1909. Licensed in California in 1920. Doctor Martin was a member of the Lassen-Plumas-Modoc County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Meininger, Leo Louis. Died at Palo Alto, October 9, 1944, age 74. Graduate of the Cooper Medical College, San Francisco, 1898. Licensed in California in 1898. Doctor Meininger was a Retired member of the San Francisco County Medical Society, and the California Medical Association.

✤

Nolan, Oscar Frederick. (Lieutenant Colonel) United States Army Medical Corps. Died at Inverness, November 12, 1944, age 44. Graduate of Baylor University, College of Medicine, Dallas, Texas, 1927. Licensed in California in 1928. Doctor Nolan was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Obando, Arcadio Tigrio. Died at Los Angeles, November 5, 1944, age 42. Graduate of Cornell University Medical College, New York, 1930. Licensed in California in 1930. Doctor Obando was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✤

Pallette, Edward M. Died at Chicago, Illinois, November 16, 1944, age 70. Graduate of the University of Southern California School of Medicine, Los Angeles, 1898. Licensed in California in 1899. Doctor Pallette was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Pettit, Albert Victor. Died at San Francisco, November 19, 1944, age 53. Graduate of Stanford University School of Medicine, Stanford University-San Francisco, 1919. Licensed in California in 1919. Doctor Pettit was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Pidcock, Jeddiah William. Died at Los Angeles, October, 1944, age 67. Graduate of the College of Physi-

cians and Surgeons, San Francisco, 1907. Licensed in California in 1924. Doctor Pidcock was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Ryerson, Scott. Died at New York City, September 17, age 35. Graduate of the University of Buffalo School of Medicine, 1931. Licensed in California in 1933. Doctor Ryerson was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Stewart, Harry James. Died at San Diego, October 31, 1944, age 76. Graduate of Northwestern University Medical School, Chicago, 1893. Licensed in California in 1927. Doctor Stewart was a member of the San Diego County Medical Society, the California Medical Association, and the American Medical Association.

✤

Tullar, Arthur Gilman. Died at North Hollywood, October 11, 1944, age 67. Graduate of Northwestern University Medical School, Chicago, 1906. Licensed in California in 1927. Doctor Tullar was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Correction. In the In Memoriam column of the November issue of CALIFORNIA AND WESTERN MEDICINE, on page 266, the Executive Secretary's clerk who has charge of listings of deceased members of the California Medical Association, inserted the name of William E. Waddell. This was an error. Dr. William E. Waddell of Los Angeles is still active in professional work.

OBITUARIES

Edward Marshall Pallette

1874—1944

Doctor Edward Marshall Pallette has left us. Death came to him quietly on the morning of November 16, in Chicago, where he had gone to attend a meeting of the Board of Trustees of the American Medical Association.

Following the shock of the news of his passing comes the understanding of the truth that Doctor Pallette has not really gone; more than just the memory of him remains—far more. His work, his never failing interest in the profession of medicine, his life of service to mankind, his kindliness, his untiring devotion to duties that imposed many activities—all these have left their imprint upon us—imprints that never will be erased. He remains with us.

Dr. Pallette was born in Wichita, Kan., Jan. 13, 1874. He received the Ph.B. degree from Northwestern University in 1894 and the Ph.M. in 1895. During 1894 he did investigation in the field of biology as the Oliver Marcy Scholar of Northwestern University at the Marine Biological Laboratory, Woods Hole, Mass. He received the degree of doctor of medicine from the College of Medicine of the University of Southern California in 1898 and then did graduate study in the New York Polyclinic in 1901 and in London, Vienna and Berlin at various times thereafter. He was assistant instructor of zoology at Northwestern University in 1894 and 1895, instructor in biology in the Los Angeles High School from 1896 to 1898 and at the same time instructor in histology and embryology in the College of Medicine of the University of Southern California. Following his graduation in medicine he began medical practice in Los Angeles, giving special attention to gynecology. He was associated with the health department of Los Angeles as assistant health officer from 1898 to 1899 and as a member of the Los Angeles County Board of Health from 1905 to 1906. He taught physiology in the College of Dentistry of the University of Southern California from 1900 to 1912 and was a lecturer in obstetrics and gynecology in the Training School for Nurses of St. Vincent's Hospital.

As a distinguished citizen of the State of California he held many special appointments, including examiner for the California State Lunacy Commission from 1905 to 1915, membership on the California State Board of Public Health from 1932 to 1940 and member of the Retirement Board of the Los Angeles City Schools from 1938 to 1939. Since 1938 he had served also as treasurer and member of the Board of Directors of the Blue Cross Plan known as the Hospital Service of Southern California.

During World I, Dr. Pallette served as a captain in the medical corps, acting as surgeon in the Letterman General Hospital at the Presidio in San Francisco and also at Camp Crane in Allentown, Pa. In the present war, since June 1, 1942, he acted as chairman of the Procurement and Assignment Service for Physicians of the War Manpower Commission in Southern California. His interest in general education was exemplified by his membership on the Medical School Advisory Committee of the University of Southern California and the presidency of the Los Angeles County Board of Education.

In the work of the American Medical Association, Dr. Pallette gave also fully of himself for the advancement of the medical profession. He was a member of the House of Delegates in 1933, 1935, 1936 and for the period 1938-1942. In 1942, he was elected a member of the Board of Trustees of the American Medical Association. He was a member of the California State Medical Association and its president in 1936-1937. He was also a former president of the Los Angeles County Medical Association. His membership in special societies included fellowship in the American College of Surgeons, membership in the Los Angeles Surgical Society, the Los Angeles Obstetrical and Gynecological Society, the Los Angeles Academy of Medicine, the Hollywood Academy of Medicine, the Institute of American Genealogy and the American Association for the Advancement of

Science. Of many of these groups he had been president.

In the death of Dr. Pallette, the American Medical Association lost a loyal and distinguished counselor, a self-sacrificing and devoted member of its Board of Trustees.

Surviving Doctor Pallette are Mrs. Elizabeth Brown Pallette; three sons, Lt. Col. Edward C. Pallette, Warren S. Pallette and Drew B. Pallette; and a daughter, Elizabeth D. Pallette.

Funeral services were held Wednesday morning, November 22, at St. Paul's Cathedral, Los Angeles.

Active pall bearers were: Messrs. Owen Brower, Earl Kennick, Andrew Brown, Lawrence Hall, Oscar Trippet and Dr. John Martin Askey.

Honorary pall bearers were: Drs. C. G. Toland, Wm. H. Kiger, Edwin O. Palmer, Egerton L. Crispin, B. O. Raulston, James F. Percy, E. Vincent Askey, George Denhart, C. W. Bonynge, Rufus B. von KleinSmid, Oscar Lawler, Frank Barham, A. J. Scholl, Thomas Chalmers Myers, Francis L. Anton, Roy W. Hammack, Lowell S. Goin, L. A. Alesen, E. T. Remmen, Wayland Morrison, John B. Doyle, William R. Molony, Arthur S. Granger, William H. Daniel, Charles T. Sturgeon, Maurice Kahn and Edward F. Schewe; and Messrs. Howard Burrell, Nathan Newby, Sr., Barry Hillard, Paul Mattoon, Dwight L. Clarke, Colin Gair, Cassius M. Jay, Ritz E. Heerman, and S. K. Cochems.*

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Carl Power Jones
1878—1944

Dr. Carl Power Jones was born in Grass Valley—the son of Dr. and Mrs. W. C. Jones. Since 1875, a period of almost seventy years, the family of Dr. Carl Power Jones has furnished outstanding members of the Medical Profession of Nevada County. His death closes this long term of medical service begun by his father, the late Dr. W. C. Jones, and carried on by Carl and his brothers, the late William and John Jones.

Following his graduation from Cooper Medical College Carl Jones interned at St. Lukes and at the old City and County Hospital. Since 1907, when he opened his office, in partnership with his brother John, Dr. Carl had practiced continuously in Grass Valley, except for a period of service as Lieutenant-Commander in the United States Navy in 1917-18. He had been an honored member of the Placer-Nevada-Sierra County Medical Society for thirty-seven years—one of the oldest members in point of years of service.

Carl Jones was one of the outstanding surgeons of Northern California—an ethical practitioner, who gave liberally of his time, his talents and his resources for the promotion of the health of the community and for the betterment of the health of his patients. A brief article concerning Grass Valley $700 000 Postwar Hospital, of which Dr. Jones was the indirect sponsor, appeared in CALIFORNIA AND WESTERN MEDICINE, for September, on page 174.

Carl Jones was a man of many and varied interests. He was an enthusiastic sportsman, interested in fine horses and in aviation, a gold-mining owner and promoter, with an abiding faith in the mining future of the Grass Valley District, and an earnest worker in every movement for the improvement of his City and County. But, first and foremost, he was a capable and honest practitioner of the healing art in which he was extraordinarily successful.

Carl Jones liked people and people liked Carl Jones. His sudden death on October 18, 1944, removed from Grass Valley and from Nevada County a beloved figure who was the friend, counsellor and physician of members of three generations, to whom his passing assumed the proportions of a calamity.

* For editorial comment, see page 279.

George Scott Martin
1885—1944

George Scott Martin died at his home in Susanville, California, on Sunday, October 8, 1944, of coronary occlusion, at the age of 58. He was a native of Dallas, Texas. Graduated in 1909 from the University of Louisville Medical School, Louisville, Kentucky. He was first honor student all four years, and served his internship in the Louisville City Hospital. Later he practiced medicine in Dallas, Texas, and Phoenix, Arizona. In World War I, Dr. Martin served in France and England with the rank of Major. He located in Susanville, California, in 1920, where he built Riverside Hospital, which he owned until August, 1944.

Dr. Martin was Past Master Blue Lodge in Arizona; 32nd degree Mason; held prominent posts in Masonic bodies. Was a member of the American Association of Industrial Physicians and Surgeons; City Health Officer of Susanville, and Physician and Surgeon for the Southern Pacific Railroad in Susanville.

U. S. Casualties Near Half Million

Washington, Nov. 2.—American casualties in excess of half a million for the first three years of the war were indicated today in official Army and Navy statements.

Casualties to date include more than 110,000 dead, and approximately 260,000 wounded, 67,000 missing and 58,000 prisoners of war.

The nineteen months of World War I cost the United States about 318,000 casualties, including about 50,000 killed.

In the two years and eleven months of the present war, United States Army dead alone totaled more than 80,000, and in addition, nearly 30,000 members of the naval service and merchant marine have been killed.

Army casualties in all theaters now total more than 420 000.

These include 417,121 casualties reported to the War Department up to October 21, and 3,221 casualties sustained in the invasion of the Philippines up to October 31.

The *War Department's* totals as of October 21 are as follows:

Killed, 80,666; wounded, 229,212; missing, 53,622; prisoners of war, 53,621. Of the wounded, 105,449 have returned to duty.

Casualties in the Leyte operation, as announced by Gen. Douglas MacArthur, included 706 killed, 270 missing, and 2,245 wounded.

The War Department figures, of course, do not include casualties suffered in France, Italy or elsewhere since October 21.

Of the 81,000 American soldiers killed thus far in the war, approximately 50,000 gave their lives in the European phases of the war, including the north African invasion, and the Italian and French campaigns.

Approximately 30 000 Americans have been killed in France, 17,000 in Italy, and 2,500 were killed in North Africa and Tunisia. The remaining 31,000 have been killed in various Pacific campaigns.

The *Navy Department* tonight announced that casualties in the naval service so far notified to next of kin total 70 571, including 28,231 killed, 28,441 wounded, 9,421 missing, and 4,478 prisoners of war. These figures do not include naval casualties sustained in the last week's sea-air battle of the Philippines.

Diokles of Carystos (*ca.* 300 B. C.) wrote the first book on anatomy describing the lungs, heart, gallbladder, ileocecal valve, ureters, ovaries and tubes. He discovered the *"Punctum Saliens."*